

United States Bankruptcy Court

District of Idaho

PROOF OF CLAIM

In re (Name of Debtor)

DAWSON, EVA H

Case Number

00-41381

NOTE: This form should not be used to make a claim for an admin. expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

US BANKRUPTCY COURT  
CLERK OF THE BANKRUPTCY COURT  
550 West Fort MSC 042  
Boise, ID 83724

DOF 20000818

Chapter 13

U.S. COURTS

00 OCT 10 AM 7:55

REC'D FILED  
CAMERON S. BURKE.  
CLERK, IDAHO

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

Name and Address Where Notices and Payments Should be Sent

Direct Merchants Credit Card Bank, N.A. ®  
4848 S. 129th East Ave  
Tulsa, OK 74134-7001  
Telephone No. 1-800-843-4881

Name of Creditor

(The person or other entity to whom the debtor owes money or property)

Direct Merchants Credit Card Bank, N.A.

ACCOUNT NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

5427753100038445

1. BASIS FOR CLAIM

- Goods sold  
Services performed  
☒ Money loaned  
Personal injury/wrongful death  
Taxes  
Other (Describe below)

Check here if this claim

replaces

amends

a previously filed claim, dated: \_\_\_\_\_

Retiree benefits as defined in 11 U.S.C. § 1114(a)  
Wages, salaries, and compensation (Fill out below)  
Your social security number \_\_\_\_\_  
Unpaid compensation for services performed  
from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

2. DATE DEBT WAS INCURRED

5/1/97

3. IF COURT, JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM.

Under the Bankruptcy Code all claims are classified as one or more of the following: (1) unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for a claim to be in one category and part in another.

CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

SECURED CLAIM \$

Attach evidence of perfection of security interest Brief Description of Collateral:

Real Estate Motor Vehicle Other (Describe Briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$

☒ UNSECURED NONPRIORITY CLAIM \$5,542.14

A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM \$

Specify the priority of the claim.

Wages salaries, or commissions (up to \$4000), \* earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier—11 U.S.C. § 507(a)(3)

Contributions to an employee benefit plan—11 U.S.C. § 507(a)(4)

Up to \$1,800\* of deposits toward purchase, lease, or rental of property or services to personal, family, or household use—11 U.S.C. § 507(a)(6)

Alimony, maintenance, or support owed to a spouse, former spouse, or child—11 U.S.C. § 507(a)(7)

Taxes or penalties of governmental units—11 U.S.C. § 507(a)(8)

Other—specify applicable paragraph of 11 U.S.C. § 507(a) \_\_\_\_\_

\* Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT

OF CLAIM AT TIME  
CASE FILED:

\$5,542.14

\$

\$

\$5,542.14

(Unsecured)

(Secured)

(Priority)

(Total)

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes debtor.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

September 29, 2000

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Irene Mutitu, Bankruptcy Clerk

THIS SPACE IS FOR  
COURT USE ONLY